



Ann Arbor Animal Hospital  
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## Surgery Admission Questionnaire

Client Name: \_\_\_\_\_ Pet Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

***Please take a few minutes of your time to fill out this form as accurately as possible. The questionnaire will help us to better understand our patient and, in turn, help to provide for the best possible anesthetic planning.***

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|---|-----|----|
| 1. Would you be interested in giving your pet a microchip today?                                      | Yes | No |
| 2. Has your pet eaten anything at all during the last 12 hours?                                       | Yes | No |
| 3. Has your pet been given any medications, supplements or treatments during the last seven (7) days? | Yes | No |

4a. If you answered "Yes" to question #3, please list all that apply:

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4b. <b>IF CANINE:</b> Has your pet been given Cerenia in the last 12 hours?	Yes	No
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5. If your pet has any medication or food allergies please list all that apply:

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|---|-----|----|
| 6. Has your pet had a history of aggressive licking or chewing at surgical incisions?                                   | Yes | No |
| 7. Do you anticipate that there will be any problems keeping your pet in a clean, dry area during the recovery process? | Yes | No |
| 8. Do you anticipate that there will be any problems keeping your pet reasonably calm during the recovery process?      | Yes | No |
| 9. Do you have any questions for the surgeon this morning?  | Yes | No |
| 10. Has your pet ever had a past anesthetic event that you thought went poorly or had a prolonged recovery?             | Yes | No |

11. If you answered "Yes" to question #9, please explain:

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